

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		51	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep
1							51			
2	1						52			
3	1						53			
4							54			
5	2	1					55			
6	1						56			
7		1					57			
8		1					58			
9	1						59			
10	1	3					60			
11		7					61			
12	1						62			
13		1					63			
14		1					64			
15	1						65			
16		1					66			
17		1					67			
18	1						68			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	7						Total Indep			
Total Depend	10						Total Depend			
Total Claims	17						Total Claims			